

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032178

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 4 1962

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Francois</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois</b>                                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Perry</b>   |   | Length of stay in 1b<br><b>Hrs.</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Bonn Terre RFD # 1</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>Cantwell,</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First <b>Mary Jo</b> Middle <b>Cheek</b> Last <b>Cheek</b>   |   | 4. DATE OF DEATH<br>Month <b>Aug</b> Day <b>19</b> Year <b>1962</b>   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><b>Dec 6, 43</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Secretary</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Bynl. Bapt. Ass'n. Bonne Terre, Mo.</b>   |  |
| 13a. FATHER'S NAME<br><b>Daniel Cheek</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Irene Muldrow</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of serv<br><b>No.</b>   |   | 17. INFORMANT<br><b>Daniel Cheek Cantwell, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute bronchopneumonia</b>   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>unknown</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour <b>a.m.</b> Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br><b>Bonne Terre, Mo.</b>   |   |  |
| 21. I attended the deceased from <b>Aug 19, 1962</b> to <b>Aug 19, 1962</b> and last saw her alive on <b>Aug 19, 1962</b><br>Death occurred at <b>p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22c. DATE SIGNED<br><b>8-29-62</b>  |  |
| 22a. SIGNATURE<br><b>Ted Boyer, Coroner</b>   |   | 22b. ADDRESS<br><b>Bonne Terre, Mo.</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Aug. 22, 62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Fran. Mem. Pk.</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Bonne Terre Route # 1, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>C. Z. Boyer &amp; Son</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>Aug 29, 1962</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Esther Rudloff</b>                                 |

(Licensed Embalmer's Statement on Reverse Side)

VS SEP 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*B. T. Boyer*

Licensed Embalmer No.

*3640*

P. O. Address

*Heslop Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.